

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27247

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
Washington

File No.....
Registered No. **585**
St. Ward

2. FULL NAME

(a) Residence, No. **6128 Washington** Ward. **5**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Thomsen Hils		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16-1860		
7. AGE	YEARS 74	MONTHS 4
	DAYS 8	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 24, 1934**

22. I HEREBY CERTIFY That I attended deceased from **Aug. 20, 1932**, to **July 24, 1934**.

I last saw him alive on **July 24, 1934**. Death is said to have occurred on the date stated above, at **10 P.** m.

The principal cause of death and related causes of importance were as follows:

Aspirin Poisoning

Date of onset **Aug. 22**

Other contributory causes of importance:

Name of operation **Rem. of leg.** Date of **Aug. 1932**

What test confirmed diagnosis? **W. and** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) **Dr. J. P. Beck**, M. D.
(Address) **1115 P. Hand**

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cal
	13. NAME Edward Hils
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Sophie Gerstung
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Mrs. Edw. Hils 6128 Washington	
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine 7/27 1934	
19. UNDERTAKER (ADDRESS) Muller and Co. 5165 Delmar	
20. FILED J. Beck Registrar	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 15 1934

JAN 18 1961

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MAY 17 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County
Township
City St. Louis (No.)

Registration District No. 191
Primary Registration District No. 1003

File No. 27247
Registered No. 7482
St. Ward)

2. FULL NAME Edward Hills

(a) Residence, No. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 8

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED

19 7-1-35 J. Buddeck Registrar

SUGGESTION

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

22. I HEREBY CERTIFY That I attended deceased from, 19....., to, 19.....

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

191
operation due from
Other contributory causes of importance: Arterio Sclerosis Two years

Name of operation Amputation of leg Date of

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lucas H. Brock M. D.
(Address) 3112-50 Grand

JAN 18 1935

APR 13 1935

S-27297